

APPLICATION FOR CERTIFICATE TO DRIVE MOTOR BUS

Check one and enclose proper fee (check or money order)

- ☐ New Motor Bus Driver Certificate - \$60.00 Fee
☐ New Motor Bus Driver Certificate - \$40.00 Fee¹
¹Applies only when Driver has current CDL with
Passenger Endorsement - No Road Test will be required
☐ New Motor Bus/School Bus Certificate*²
for one(1) year - \$60.00 Fee
☐ New Driver - 70 years of age or older
Certificate for six(6) months - \$40.00 Fee

Each question **MUST BE ANSWERED** in Ink or Typed

1. LICENSE NO. _____
2. NAME: _____

MAIDEN NAME OR ALIAS [IF APPLICABLE]

3. ADDRESS: _____
Street and Number

City/Town State Zip

4. DATE OF BIRTH ____/____/____ AGE ____
5. TELEPHONE NUMBER _____
6. STATE CLASSIFICATION OF LICENSE ISSUED BY THE
REGISTRAR OF MOTOR VEHICLES: A ☐ B ☐ C ☐ D ☐
7. LEARNER'S PERMIT NO. _____
8. HAVE YOU HELD A DRIVER'S LICENSE FOR 3
CONTINUOUS YEARS IMMEDIATELY PRIOR TO THIS
APPLICATION? YES ☐ NO ☐
9. ARE YOU A MASSACHUSETTS RESIDENT?
YES ☐ NO ☐ HOW LONG: _____

10. HAS YOUR RIGHT TO OPERATE OR HAS YOUR
LICENSE BEEN SUSPENDED OR REVOKED IN
MASSACHUSETTS DURING THE PAST 5 YEARS? ____
IF SO, GIVE DETAILS ON AN ATTACHED SHEET.

11. GIVE NAME AND TELEPHONE # OF EMPLOYER: _____

12. CHECK ANY AND ALL RESTRICTIONS

- ☐ CORRECTIVE LENSES
☐ CORRECTIVE HEARING APPLIANCE
☐ RESTRICTED TO DRIVING VEHICLES THAT
CARRY 14 PASSENGERS OR LESS
☐ DPU SPECIFIC RESTRICTIONS

**Original FDOT Medical Form of Physical Examination
must be returned with this Application.**

**THIS STATEMENT IS MADE UNDER THE PENALTIES OF
PERJURY**, I the undersigned, hereby apply for a certificate
to drive motor buses and state that the statements herein
made are true to the best of my knowledge and belief.

²Department of Public Utilities (DPU) has
been certified by the Criminal History Systems Board for
access to criminal case data. As an applicant/employee
for the position of school bus driver, I understand that a
criminal record check will be conducted for criminal case
information only and that it will not necessarily
disqualify me. The information above is correct to the
best of my knowledge.

Signature of Applicant

Date

*For qualification as a school bus driver, instructor must fill out this section. This is to certify that the applicant herein named
has been trained by me in accordance with the requirements of M.G.L. c. 90 § 8A.

Print: _____ Signature: _____ License # _____ Date: _____

Name of Qualified School Bus Driver Instructor

Signature of Instructor

FOR DEPARTMENT USE ONLY - DO NOT MARK BELOW THIS LINE

DATE APPLICATION RECEIVED _____
PHYSICAL FORM CLEARED YES ☐ NO ☐
CORI CLEARED YES ☐ NO ☐ DATE _____
DRIVING RECORD CLEARED YES ☐ NO ☐ DATE _____
ASSIGNED TO INSPECTOR _____ DATE _____
DATE TESTED _____ PASSED ☐ FAILED ☐
TEMPORARY LICENSE ISSUED YES ☐ NO ☐
WAS CDL CLASSIFICATION DOWNGRADED YES ☐ NO ☐
INSPECTOR'S SIGNATURE _____
DPU CERTIFICATE ISSUED YES ☐ NO ☐ DATE _____